

Montana Medicaid - Fee Schedule

Physical Therapy

Definitions:

July 1, 2005

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-4 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 45% of billed charges

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$24.09.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2006 is \$30.11

***If a valid, current code is not present, that code may be a non-covered service**

Fees The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

Policy Adjust - M = Maternity, P = Mental Health, D = Profess. Differential

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Montana Medicaid - Fee Schedule **Physical Therapy**

| Proc | Mod | Description | Effective | Method | Fees | | Global Days | PA | Mult | Bilat | Indicators | | | Team | Policy Adjust |
|-------|-----|------------------------------|-----------|--------|----------|----------|----------------|----|------|-------|------------|--------|--|------|------------------|
| | | | | | Office | Facility | | | | | Assist | CoSurg | | | |
| G0283 | | ELEC STIM OTHER THAN WOUND | 7/1/2005 | RBRVS | \$8.33 | \$8.33 | | | | | | | | | |
| 95831 | | LIMB MUSCLE TESTING, MANUAL | 7/1/2005 | RBRVS | \$20.08 | \$11.76 | | | | | | | | | |
| 95860 | | MUSCLE TEST, ONE LIMB | 7/1/2005 | RBRVS | \$65.81 | \$65.81 | | | | | | | | | |
| 95860 | TC | MUSCLE TEST, ONE LIMB | 7/1/2005 | RBRVS | \$25.74 | \$25.74 | | | | | | | | | |
| 95860 | 26 | MUSCLE TEST, ONE LIMB | 7/1/2005 | RBRVS | \$40.06 | \$40.06 | | | | | | | | | |
| 95861 | | MUSCLE TEST 2 LIMBS | 7/1/2005 | RBRVS | \$84.44 | \$84.44 | | | | | | | | | |
| 95861 | TC | MUSCLE TEST 2 LIMBS | 7/1/2005 | RBRVS | \$20.00 | \$20.00 | | | | | | | | | |
| 95861 | 26 | MUSCLE TEST 2 LIMBS | 7/1/2005 | RBRVS | \$64.44 | \$64.44 | | | | | | | | | |
| 95863 | | MUSCLE TEST, 3 LIMBS | 7/1/2005 | RBRVS | \$102.71 | \$102.71 | | | | | | | | | |
| 95863 | TC | MUSCLE TEST, 3 LIMBS | 7/1/2005 | RBRVS | \$25.31 | \$25.31 | | | | | | | | | |
| 95863 | 26 | MUSCLE TEST, 3 LIMBS | 7/1/2005 | RBRVS | \$77.40 | \$77.40 | | | | | | | | | |
| 95864 | | MUSCLE TEST, 4 LIMBS | 7/1/2005 | RBRVS | \$131.04 | \$131.04 | | | | | | | | | |
| 95864 | TC | MUSCLE TEST, 4 LIMBS | 7/1/2005 | RBRVS | \$48.07 | \$48.07 | | | | | | | | | |
| 95864 | 26 | MUSCLE TEST, 4 LIMBS | 7/1/2005 | RBRVS | \$82.98 | \$82.98 | | | | | | | | | |
| 97001 | | PT EVALUATION | 7/1/2005 | RBRVS | \$51.00 | \$44.03 | | | | | | | | | D |
| 97002 | | PT RE-EVALUATION | 7/1/2005 | RBRVS | \$26.87 | \$22.01 | | | | | | | | | D |
| 97010 | | HOT OR COLD PACKS THERAPY | 7/1/2005 | RBRVS | \$0.00 | \$0.00 | | | | | | | | | D |
| 97012 | | MECHANICAL TRACTION THERAPY | 7/1/2005 | RBRVS | \$10.00 | \$10.00 | | | | | | | | | D |
| 97016 | | VASOPNEUMATIC DEVICE THERAPY | 7/1/2005 | RBRVS | \$9.27 | \$9.27 | | | | | | | | | D |
| 97018 | | PARAFFIN BATH THERAPY | 7/1/2005 | RBRVS | \$4.18 | \$4.18 | | | | | | | | | D |
| 97020 | | MICROWAVE THERAPY | 7/1/2005 | RBRVS | \$3.25 | \$3.25 | | | | | | | | | D |
| 97022 | | WHIRLPOOL THERAPY | 7/1/2005 | RBRVS | \$9.71 | \$9.71 | | | | | | | | | D |
| 97024 | | DIATHERMY TREATMENT | 7/1/2005 | RBRVS | \$3.47 | \$3.47 | | | | | | | | | D |
| 97026 | | INFRARED THERAPY | 7/1/2005 | RBRVS | \$3.25 | \$3.25 | | | | | | | | | D |
| 97028 | | ULTRAVIOLET THERAPY | 7/1/2005 | RBRVS | \$4.02 | \$4.02 | | | | | | | | | D |
| 97032 | | ELECTRICAL STIMULATION | 7/1/2005 | RBRVS | \$10.71 | \$10.71 | | | | | | | | | D |
| 97033 | | ELECTRIC CURRENT THERAPY | 7/1/2005 | RBRVS | \$13.51 | \$13.51 | | | | | | | | | D |
| 97034 | | CONTRAST BATH THERAPY | 7/1/2005 | RBRVS | \$9.38 | \$9.38 | | | | | | | | | D |
| 97035 | | ULTRASOUND THERAPY | 7/1/2005 | RBRVS | \$8.22 | \$8.22 | | | | | | | | | D |
| 97036 | | HYDROTHERAPY | 7/1/2005 | RBRVS | \$15.21 | \$15.21 | | | | | | | | | D |
| 97039 | | PHYSICAL THERAPY TREATMENT | 7/1/2005 | RBRVS | \$7.95 | \$7.95 | | | | | | | | | D |
| 97110 | | THERAPEUTIC EXERCISES | 7/1/2005 | RBRVS | \$18.89 | \$18.89 | | | | | | | | | D |
| 97112 | | NEUROMUSCULAR REEDUCATION | 7/1/2005 | RBRVS | \$19.82 | \$19.82 | | | | | | | | | D |
| 97113 | | AQUATIC THERAPY/EXERCISES | 7/1/2005 | RBRVS | \$21.39 | \$21.39 | | | | | | | | | D |
| 97116 | | GAIT TRAINING THERAPY | 7/1/2005 | RBRVS | \$16.59 | \$16.59 | | | | | | | | | D |
| 97124 | | MASSAGE THERAPY | 7/1/2005 | RBRVS | \$15.03 | \$15.03 | | | | | | | | | D |
| 97139 | | PHYSICAL MEDICINE PROCEDURE | 7/1/2005 | RBRVS | \$10.54 | \$10.54 | | | | | | | | | D |
| 97140 | | MANUAL THERAPY | 7/1/2005 | RBRVS | \$17.89 | \$17.89 | | | | | | | | | D |
| 97150 | | GROUP THERAPEUTIC PROCEDURES | 7/1/2005 | RBRVS | \$11.70 | \$11.70 | | | | | | | | | D |
| 97504 | | ORTHOTIC TRAINING | 7/1/2005 | RBRVS | \$20.53 | \$20.53 | | | | | | | | | D |
| 97520 | | PROSTHETIC TRAINING | 7/1/2005 | RBRVS | \$18.89 | \$18.89 | | | | | | | | | D |
| 97530 | | THERAPEUTIC ACTIVITIES | 7/1/2005 | RBRVS | \$19.78 | \$19.78 | | | | | | | | | D |
| 97532 | | COGNITIVE SKILLS DEVELOPMENT | 7/1/2005 | RBRVS | \$16.75 | \$16.75 | | | | | | | | | D |
| 97533 | | SENSORY INTEGRATION | 7/1/2005 | RBRVS | \$17.67 | \$17.67 | | | | | | | | | D |
| 97535 | | SELF CARE MNGMENT TRAINING | 7/1/2005 | RBRVS | \$20.04 | \$20.04 | | | | | | | | | D |
| 97537 | | COMMUNITY/WORK REINTEGRATION | 7/1/2005 | RBRVS | \$18.43 | \$18.43 | | | | | | | | | D |

Please see first page for a complete description
of information contained in the fee schedules.

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| Proc | Mod | Description | Effective | Method | Fees | | Global Days | PA | Mult | Bilat | Indicators | | | Team | Policy Adjust |
|-------|-----|------------------------------|-----------|-----------|---------|----------|----------------|----|------|-------|------------|--------|--|------|------------------|
| | | | | | Office | Facility | | | | | Assist | CoSurg | | | |
| 97542 | | WHEELCHAIR MNGMENT TRAINING | 7/1/2005 | RBRVS | \$18.89 | \$18.89 | | | | | | | | | D |
| 97545 | | WORK HARDENING | 7/1/2003 | BY REPORT | \$0.00 | \$0.00 | | | | | | | | | |
| 97546 | | WORK HARDENING ADD-ON | 7/1/2003 | BY REPORT | \$0.00 | \$0.00 | ZZZ | | | | | | | | |
| 97597 | | ACTIVE WOUND CARE/20 CM OR < | 7/1/2005 | RBRVS | \$32.19 | \$32.19 | | | | | | | | | D |
| 97598 | | ACTIVE WOUND CARE > 20 CM | 7/1/2005 | RBRVS | \$41.14 | \$41.14 | | | | | | | | | D |
| 97602 | | WOUND(S) CARE NON-SELECTIVE | 7/1/2005 | RBRVS | \$0.00 | \$0.00 | | | | | | | | | D |
| 97605 | | NEG PRESS WOUND TX < 50 CM | 7/1/2005 | RBRVS | \$0.00 | \$0.00 | | | | | | | | | D |
| 97606 | | NEG PRESS WOUND TX > 50 CM | 7/1/2005 | RBRVS | \$0.00 | \$0.00 | | | | | | | | | D |
| 97703 | | PROSTHETIC CHECKOUT | 7/1/2005 | RBRVS | \$16.75 | \$16.75 | | | | | | | | | D |
| 97750 | | PHYSICAL PERFORMANCE TEST | 7/1/2005 | RBRVS | \$20.04 | \$20.04 | | | | | | | | | D |
| 97755 | | ASSISTIVE TECHNOLOGY ASSESS | 7/1/2005 | RBRVS | \$23.72 | \$23.72 | | | | | | | | | D |
| 97799 | | PHYSICAL MEDICINE PROCEDURE | 7/1/2003 | BY REPORT | \$0.00 | \$0.00 | | | | | | | | | |
| 99091 | | COLLECT/REVIEW DATA FROM PT | 7/1/2003 | RBRVS | \$0.00 | \$0.00 | | | | | | | | | |
| 99311 | | NURSING FAC CARE, SUBSEQ | 7/1/2005 | RBRVS | \$25.19 | \$25.19 | | | | | | | | | |
| 99312 | | NURSING FAC CARE, SUBSEQ | 7/1/2005 | RBRVS | \$41.74 | \$41.74 | | | | | | | | | |